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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 19 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35790

Registration District No. 44 Primary Registration District No. 4061 State File No. Registrar's No.

1. PLACE OF DEATH:

(a) County Caldwell
(b) City or town Braymer
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Southeast Braymer Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Lifetime
years, months or days

3. (a) PRINT FULL NAME DORAH RACHEL HAYS

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Robert Hays 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased March 1 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 7 25 X hr. X min.

9. Birthplace Kingston Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Housekeeping

12. Name George Owen

13. Birthplace Unknown Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Mildred Coffman

15. Birthplace Unknown Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Ralph Lynn Chrisman

(b) Address Braymer, Mo.

17. (a) Burial (b) Date thereof Oct. 28 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Braymer, Mo.

18. (a) Signature of funeral director Gene C. Michael

(b) Address Braymer, Mo.

19. (a) MRS. B. JONES (b) NEW B. JONES
(Date received local registrar's statement) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Caldwell 13
(c) City or town Braymer
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 26
year 1948 hour 7 minute 00 P. M.

21. I hereby certify that I attended the deceased from Oct. 26, 1948, to Oct. 26, 1948;
that I last saw him alive on Oct. 26, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis Duration 2 days
Due to Cerebral Arteriosclerosis many years

Due to General Arteriosclerosis many years

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 9313
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature E. E. Goldberg (M. D. or other) M. D.
Address Braymer, Mo. Date signed 10/29/48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

NOV 19 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Gene C. Michail

Licensed Embalmer No..... 4540

P. O. Address..... Bruynor, L.I.O.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.